



Third Taxing District

2 Second Street
East Norwalk, CT 06855

Tel: (203) 866-9271

Fax: (203) 866-9856

Third Taxing District of the City of Norwalk

Special Commission Meeting

Thursday, November 8, 2018 at 6:30p.m.

At the Third Taxing District Office, 2 Second Street, East Norwalk, CT

1. Public Comment – 15 Minute Limit
2. Health Insurance Renewal (Mike Imbrogno) – A/R
3. Executive Session
 - Collective Bargaining
4. Adjourn

*A/R – Action Required/See Attached Motion

Agenda backup material is available at the TTD office, www.ttd.gov and will be available at the meeting.

M:\Shared\ Commission Meeting Information\Agenda 11-8-18.doc

District Commissioners

David L. Brown 203-984-1129
Debora Goldstein 203-252-7214
Pamela Parkinson 203-858-4261

Chairman
Commissioner
Commissioner

Kevin Barber
Ron Scofield
Johnnie Weldon

203-866-9271
203-866-9271
203-216-2652

General Manager
Assistant General Manager
Treasurer



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Memorandum

To: TTD Commissioners

From: Kevin Barber – General Manager

Date: November 7, 2018

Subject: Employee Health Insurance Renewal

Each November, the renewal of employee health insurance is brought before the Commission for approval. As in years past, TTD has utilized the services of Mike Imbrogno from Benefit Planning Services to acquire bids for the employee health insurance.

This year, Mr. Imbrogno provided TTD with twelve different plan options from five different providers. After reviewing the plans, the options were narrowed to the following two plans offered by Anthem Blue Cross Blue Shield, TTD's current provider:

- Option 1: Anthem Gold Century Preferred PPO
- Option 2: Anthem Silver Century Preferred PPO with HSA (HDHP)

For this year's renewal, I am recommending a change to the type of health insurance plan for the employees. The new plan, option 2, would be a high deductible health plan (HDHP) with HRA (health reimbursement account). TTD would fund the plan's deductible with the use of the health reimbursement (HRA) account. Switching to the HDHP plan with an HRA account would provide a savings to both TTD and the employees when comparing the plan with the current plan and the renewal alternative, option 1. The attached plan document details the current plan and the two options listed above.

This recommendation has been presented to the union and they are currently reviewing the plans. The union has scheduled a meeting immediately preceding the Commission meeting to determine if they agree with my recommendation. Based on the position of the union, I will be presenting the appropriate recommendation to the Commission at Thursday night's meeting.

Mr. Imbrogno and I will be available at Thursday night's meeting to address any questions you may have.

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Carrier:		Anthem Blue Cross Blue Shield	Anthem Blue Cross Blue Shield	Anthem Blue Cross Blue Shield
Plan Name:		PPO 2500/20% / 4600	2018 Anthem Gold Century Preferred PPO 2500/0%/4500 - CY-2V1F; PY-2V1E Gold	2018 Anthem Silver Century Preferred PPO 3000/0%/6500 w/HSA - CY-2V1S; PY-2V1T Silver
Metallic Level:				
In-Network				
Deductible Ind / Fam		\$2500 / \$5000	\$2500 / \$5000	\$3000 / \$6000
Coinsurance		0%	0%	0%
Out-of-Pocket Max Ind/Fam		\$4600 (inc Ded, Copay, Coins + Rx) / \$9200 (inc Ded, Copay, Coins + Rx)	\$4500 (inc Ded, Copay, Coins + Rx) / \$9000 (inc Ded, Copay, Coins + Rx)	\$6500 (inc Ded, Copay, Coins + Rx) / \$13,000 (inc Ded, Copay, Coins + Rx)
Preventative Care		No Charge	No Charge	No Charge
PCP Office Copay		\$30.00	\$25.00	\$0 after Ded
Specialist Office Copay		\$45.00	\$50.00	\$0 after Ded
Diagnostic Testing -(xray/blood work)		Lab/Office - \$30 Xray- Office - \$45	Lab/Office - \$25 - Freestanding Lab - \$0 - Outpatient Hospital - \$0 after Ded Xray- Office - \$50 - Free standing Center - \$0 - Outpatient Hospital - \$0 after Ded	All locations - All services - \$0 after Ded
Imaging - (CT/PET scans, MRI)		\$75/visit up to \$375/yr \$350 after Ded Fac: \$200; Hosp: \$0 after Ded \$200 after Ded / 20% no Ded \$75.00 Not Required	Office - \$50 - Freestanding Center - \$75- \$375 max - Outpatient Hospital - \$0 after Ded \$0 after Ded Fac: \$200; Hosp: \$0 after Ded \$200 after Ded / \$0 \$75.00 Not Required	All locations - all services \$0 after Ded \$0 after Ded \$0 after Ded \$0 after Ded / \$0 after Ded \$0 after Ded Not Required
Inpatient Hospital				
Outpatient Surgery				
ER Copay / Ambulance Copay				
Walk-in Urgent Care				
Referrals				
Out-of-Network				
Deductible Ind / Fam		\$7500 / \$15,000	\$7500 / \$15,000	\$9000 / \$18,000
Coinsurance		50%	30%	30%
Out-of-Pocket Max Ind/Fam		\$7,500 (inc Ded, Copay, Coins + Rx) / \$15,000 (inc Ded, Copay, Coins + Rx)	\$13,500 (inc Ded, Copay, Coins + Rx) / \$27,000 (inc Ded, Copay, Coins + Rx)	\$19,500 (inc Ded, Copay, Coins + Rx) / \$39,000 (inc Ded, Copay, Coins + Rx)
RX Benefits				
Prescription Drug Benefit		Tier 1: \$5; Tier 2: \$50; Tier 3: 50% up to \$500; Tier 4: 50% up to \$500	Tier 1: \$5; Tier 2: \$50; Tier 3: 50% up to \$500; Tier 4: 50% up to \$500	Ded then, Tier 1: \$5; Tier 2: \$50; Tier 3: 50%; Tier 4: 50%
Employee Name	Age Cov	Current	Renewal	Rate
	FAM	\$2,253.95	\$2,790.05	\$2,455.31
	FAM	\$2,719.45	\$3,140.76	\$2,763.96
	EE	\$718.16	\$785.19	\$690.99
	E2C	\$1,787.94	\$2,133.10	\$1,877.19
	EE	\$1,397.53	\$1,503.90	\$1,323.48
	EE	\$1,061.82	\$1,167.32	\$1,027.27
	EE	\$497.34	\$525.55	\$462.50
	EE	\$1,468.15	\$1,570.38	\$1,381.98
	EE	\$1,397.53	\$1,503.90	\$1,323.48
	FAM	\$3,055.16	\$3,303.03	\$2,906.77
Monthly Premium		\$16,357.03	\$18,423.18	\$16,212.93
Annual Premium		\$196,284.36	\$221,078.16	\$194,555.16
Percentage Change			12.63%	-0.88%